

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004259 AV

DOCUMENT # A99000000818

1. Entity Name
ROYAL GRIFFIN, LTD.



FILED

03 APR 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 418
BOCA RATON FL 33487

Mailing Address
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 418
BOCA RATON FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
418

Suite, Apt. #, etc.
418

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-0989968

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXSTAR U.S.A., CORP.
6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 418
BOCA RATON FL 33487

Name
LEXSTAR USA Corp
Street Address (P.O. Box Number is Not Acceptable)
6001 Broken Sound Pkwy NW # 418
City
BOCA RATON FL Zip Code
33487

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jason Blom*
Signature, typed or printed name of registered agent and title if applicable.

DATE
4/23/03

9. Capital Contributions as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # L99000009412
NAME LEXSTAR ROYAL GRIFFIN, LLC
STREET ADDRESS 6001 BROKEN SOUND PARKWAY, N.W., SUITE 408 418
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS Suite # 418
CITY-ST-ZIP
STREET ADDRESS 600017121286
CITY-ST-ZIP 04/28/03--01017--003 **526.25

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Jason Blom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)